N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 19 1934

Do not use this space.

1. PLACE OF DEATH
County Polk
Township Mooney
City ~~Pleasant Hope~~ (No. ..... St. ..... Ward)

Registration District No. 710
Primary Registration District No. 5439

File No. 40375
Registered No. .....

2. FULL NAME Margaret A. Mayfield

(a) Residence, No. ..... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. C. Mayfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 0 1854

7. AGE: YEARS 80 | MONTHS 8 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Polk County

FATHER
13. NAME: John Fullerton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Malindia Burns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): A. J. Mayfield, Pleasant Hope, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Springs DATE Nov. 15 1934

19. UNDERTAKER (ADDRESS): Willard E. Erwin, Pleasant Hope Mo.

20. FILED Nov 28 1934 Estelle Benton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933, to Nov. 3, 1934
I last saw her alive on Nov. 3, 1934. Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aorta Insuffincey of Heart	
92	
Other contributory causes of importance: 92a	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ✓
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. E. Albright, M. D.
(Address) Pleasant Hope, Mo.